

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (917) 243-5843

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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 2021 JUL 29 04:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
Ramos Consulting, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 JUL 23 PM 3:08  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ramos Consulting, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas 3. 45-4445384  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing  
(Date first transacted business in Florida, if prior to registration; (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2121 Lohman's Crossing Road, Suite 504-409 6. 2121 Lohman's Crossing Road, Suite 504-409  
(Street Address of Principal Office) (Mailing Address)  
Lakeway, TX 78734 Lakeway, TX 78734

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: BlumbergExcelsior Corporate Services, Inc.  
Office Address: 155 Office Plaza Drive, 1st Fl.  
Tallahassee, Florida 32301  
(City) (Zip code)

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## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jose Mojica, Asst. Sec.  
(Registered agent's signature)

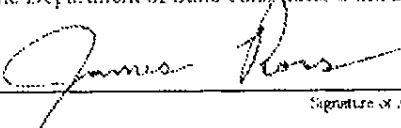
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: James D. Ross	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3600 W Sam Houston Pkwy S	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 600	<input type="checkbox"/> Authorized	_____
Person	Houston, TX 77042	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: Jeff P. Collins	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 3600 W Sam Houston Pkwy S	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 600	<input type="checkbox"/> Authorized	_____
Person	Houston, TX 77042	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: John D. Shackett	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 3600 W Sam Houston Pkwy. S	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 600	<input type="checkbox"/> Authorized	_____
Person	Houston, TX 77042	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

James D. Ross-Member  
 \_\_\_\_\_  
 Typed or printed name of signer

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ramos Consulting, LLC (file number 801544740), a Domestic Limited Liability Company (LLC), was filed in this office on February 02, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 01, 2021



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza  
Deputy Secretary of State